



MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.doi.state.ms.us

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3569
FAX: (601) 359-2474
WATS: 1-800-562-2957 (Incoming – USA)

MISSISSIPPI REGULATION NO. 94-101

REQUIRING NOTIFICATION OF COVERAGE OFFERED BY COMPREHENSIVE HEALTH INSURANCE RISK POOL ASSOCIATION UPON REJECTION OF APPLICATION FOR COVERAGE

TABLE OF CONTENTS

Section 1.	Authority.
Section 2.	Purpose.
Section 3.	Definitions.
Section 4.	Application.
Section 5.	Severability.

Section 1. Authority.

This Regulation is promulgated by the Commissioner of Insurance pursuant to the authority granted to him by Miss. Code Ann. § 83-5-1 and 83-9-211 (1972), in order to implement the provisions of the Comprehensive Health Insurance Risk Pool Association Act and is promulgated in accordance with Mississippi Insurance Department Regulation No. 88-101, said regulation being the Rules of Practice and Procedure before the Mississippi Insurance Department.

Section 2. Purpose.

The purpose of this Regulation is to implement the intent of the Mississippi Legislature with respect to making the existence of the insurance plan offered by the Comprehensive Health Insurance Risk Pool Association known to those citizens of the State of Mississippi who, because of health conditions, cannot secure health insurance coverage by requiring insurers to notify persons that are rejected for health insurance coverage because of health conditions that such persons may be eligible for the insurance plan offered by the Comprehensive Health Insurance Risk Pool Association and to establish a standardized form for such notice.

Section 3. Definitions.

- (a) "Health insurance" shall have the same meaning as defined in Miss. Code Ann. § 83-9-205 (1972).

- (b) "Insurer" shall have the same meaning as defined in Miss. Code Ann. § 83-9-205 (1972).

Section 4. Application.

Any insurer that rejects a person's application for health insurance coverage substantially similar to the coverage offered by the Comprehensive Health Insurance Risk Pool Association because of health conditions of such person shall give such person written notice that he or she may be eligible for coverage under the Comprehensive Health Insurance Risk Pool Association plan and furnish the name, address and toll free telephone number of the Comprehensive Health Insurance Risk Pool Association.

Such notice shall be in the form attached hereto as Appendix A, which is hereby made a part of this Regulation. Insurers may print the notice form on their own stationery but shall use the order, format and content of the notice form, as prescribed by the Commissioner of Insurance. The insurer shall attach a copy of the notice form to the notice of rejection for insurance coverage.

Section 5. Severability.

If any provision of any section of this Regulation or the application thereof to any circumstance or person or entity is held invalid, such invalidity shall not affect any other provision of that section or application of the Regulation which can be given effect without the invalid provision or application, and to this end the provisions of this Regulation are declared to be severable.

Section 6. Effective Date.

This Regulation shall become effective immediately upon filing with the Office of the Secretary of State.

A handwritten signature in cursive script, appearing to read "Lee Harrell", is written over a horizontal line.

LEE HARRELL

DEPUTY COMMISSIONER OF INSURANCE

APPENDIX A

Comprehensive Health Insurance Risk Pool Association Notice Form

Date

Name

Address

City, State Zip Code

RE: Applicant/Insured's Name
 Policy # (if applicable)

Dear _____:

We believe that you may qualify for health insurance from the Mississippi Comprehensive Health Insurance Risk Pool Association (the "Association"). This insurance is available to Mississippi residents who, because of health conditions, cannot secure health insurance coverage substantially similar to the Association plan coverage without material underwriting restrictions at a rate equal to or less than the Association plan rate. Other eligibility requirements, exclusions and limitations may apply.

You may apply to the Association for a determination of your eligibility for insurance on application forms available from the Association.

For more information regarding the Association go to www.mississippihealthpool.org or contact the Association at:

Mississippi Comprehensive Health Insurance Risk Pool Association
Post Office Box 13748
Jackson, MS 39236-3748
888-820-9400

Insurance Company Name
Address

Contact Person
Phone Number